

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042529

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1400

FILED NOV 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 7 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 2415 E. Langston	
3. NAME OF DECEASED (Type or print) First WILLARD Middle A. Last HOBBS		4. DATE OF DEATH Month November Day 16 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 23, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	
13a. FATHER'S NAME Charles J. Hobbs		13b. MOTHER'S MAIDEN NAME Etta Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) Yes WW II		16. SOCIAL SECURITY NO. 6	
17. INFORMANT Mrs. Grace I. Hobbs, Springfield, Mo.		14. NAME OF HUSBAND OR WIFE Grace I. Hobbs	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular Collapse DUE TO (b) Ventricular tachycardia DUE TO (c) Acute myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 20 hours 24 hours 8 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9:15 a.m. p.m. Month, Day, Year 11/16/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene STATE Missouri	
21. I attended the deceased from 11/16/63 to 11/16/63 and last saw him alive on 11/16/63 Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John J. McKing, M.D.		22b. ADDRESS 609 Cherry-Springfield Mo.	
22c. DATE SIGNED 11-20-63		23. NAME OF CEMETERY OR CREMATORY Memorial Park	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov 19, 1963	
24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 11-20-63	
26. REGISTRAR'S SIGNATURE Bernie Madley		27. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 4 1963

NOV 27 1963

11-18-63
CW

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.